Department of Mental Health
Contract Provider Access Request Form
(10/13/04)

☐ New   ☐ Change   ☐ Revoke User ID

PART 1 User Information (please print clearly)
Identification

Last Name _____   First Name _____   Mid Initial __

SSN _____   User ID _____   (User ID Required for Change or Revoke)

Provider Name _____

Phone # _____

Provider Number(s)   _____   _____   _____
          (Primary Provider)

          _____   _____   _____

Division (check all that apply)
☐ ADA   ☐ CPS   ☐ MRDD

PART 2   Confidentiality Statement

I, the undersigned, a designated representative of the provider named above, understand that the approval and assignment of the requested ID or change enables me to access the Department of Mental Health Information Systems. I understand that Federal and State laws require confidentiality of the Department of Mental Health information and provide penalties for unauthorized access, use, or disclosure of this information. I agree to keep confidential all information made available to me through this access. I also agree not to divulge or share my password with anyone.

I agree to use the information obtained through these systems for purposes directly connected with the administration of a federal/state assisted program which provides assistance in cash or in kind, or services, directly to individuals on the basis of need. I further agree to comply with the policies and procedures established by the Department of Mental Health further governing the access and use of this information.

Violations or disclosures on my part may result in loss of access to the information systems, civil court action, or cancellation of the provider contract with the Missouri Department of Mental Health.

User Signature _____ Date _____

Local Security Coordinator _____ Date _____

Central Office Use Only

Request Completed by _____ Date _____

Send completed form to OIS Security Coordinator, DMH Central Office.

User's Name _____

PART 3 Production Systems Information

Check all system accesses required and indicate whether access should be Added or Removed.

Add	Remove	System Name	Purpose
		CTRAC - Client Tracking, Registration, Admission, and Commitment (complete Part 4)	client registry
		MEIS - Medicaid Eligibility Information System (complete Part 4)	medicaid info
		MSAS - Missouri Service Authorization System (complete Part 5)	service authorization
		POS - Purchase of Service	payments
		SATOP – Substance Abuse Traffic Offender Program	screening and treatment
		SATOP - Corrections	To make SATOP field corrections.
		SATOP – Print	To print in Satop
		SATOP – Decision Support Reporting	Managed Reports
		Outcomes Web (complete Part 6)	assessment

PART 4   CTRAC/MEIS Access Information

Complete only if requesting access to CTRAC or MEIS Production Systems.

Cross Provider Inquiry Access requested? ____Yes ____No (one per provider)

Will User ID be used for batching?   ____Yes ____No

Client Admissions		Inquire		Add		Update		Delete
Client Demographics		Inquire*		Add		Update		
Client Court Order Commitment		Inquire		Add		Update		Delete
Chart		Inquire*		Add		Update		Delete
Chart Provider Episode		Inquire*		Add		Update		Delete
Chart Admission/Commitment		Inquire		Add		Update		Delete
Diagnosis Episode		Inquire*		Add		Update		Delete
Program Episode		Inquire*		Add		Update		Delete
Staff		Inquire		Add		Update		Delete
Standard Means Test (Reimbursements)		Inquire*		Add		Update		Delete
Provider Locations		Inquire						
MEIS		Inquire*						

* Minimum level required for MSAS Access

PART 5   MSAS Access Information**

Complete only if requesting access to MSAS Production System.

Authorization Plan		Inquire		Update		Delete
Active Client Report (msreports)				Add		Delete

**CTRAC/MEIS accesses also required - see Part 4

PART 6   Outcomes Web Access Information

Complete only if requesting access to Outcomes Web Production System.

View/add/update assessments and perform enrollments	
Download Outcomes Web data (available to limited number of individuals per agency)	
Perform administrative functions, such as maintenance of staff table (available to limited number of individuals per agency)	
Decision Support Reporting (to print reports)	

ADDITIONAL DATA REQUEST

Instructions for Completing Form

Type of Request
- New = no previous access requested
- Change = current User ID requires name, level, division, or provider change, additional system(s) access or remove system(s) access
- Revoke = current User ID no longer needs access to DMH systems

Part 1 User Information

New Request
- Complete full Name and SSN.
- Check which type of employer
- Complete Provider Name and 7-digit Primary Provider Number for access.
- If access is needed to additional Providers, indicate other Provider Numbers required.
- Check which Division is appropriate for your access.
- SDC Netname must be completed by the local Security Coordinator.

Change Request
- Complete full Name, SSN, and User ID.
- Complete Provider information to be changed, if appropriate.
- Complete Division if changed.

Revoke Request
- Complete full Name, SSN, and User ID of user accesses to be revoked.

Part 2 Confidentiality Statement
- Complete the entire form, read the confidentiality statement, sign the form, and forward it to the local provider or division Security Coordinator for approval.
- Division or Provider Security Coordinator must send the completed form to the DMH Central Office, OIS Security Coordinator.
- Upon completion of the access request, the OIS Security Coordinator will sign and date the form.

Part 3 Production Systems Information
Complete this section if access to production systems is being requested. Note that some data accesses require approval from another source prior to OIS approval. The OIS Security Coordinator will verify that proper sources have given approval prior to processing the request.

New Request
- Indicate all system accesses required by checking in the Add column.

Change Request
- Indicate system accesses to be Added or Removed by checking in the appropriate column.

Part 4 CTRAC/MEIS Access Information
Complete this section if selections in Part 3 indicated this requirement.
- Answer questions related to cross provider access and batching.
- Indicate the level of access needed for each function of CTRAC and MEIS.

Part 5 MSAS Access Information
Complete this section if selections in Part 3 indicated this requirement.

Part 6 Outcomes Web Access Information
Complete this section if requesting Outcomes Web access in Part 3.

Department Central Office Security Coordinators

ADA	Pam Leyhe
CPS	Tom Rehak
MRDD	Gary Schanzmeyer
OQM	Gary Lorts
Admin	Mike Clark, Rick Klebba
OIS	Regina Wilson

Additional Data Request